



2016 -2017 Open Enrollment

Changes to the Benefit Enrollment Process

Presented by: Christina Eastin

BENEFITFOCUS®

Open Enrollment Dates

Begins April 19, 2016



Ends May 20, 2016



Eligibility

If you are enrolling new dependents you will need to provide verification of dependent status

- **Spouse: Marriage certificate**
- **Children up to age 26: Birth certificate**



Accessing Your Account

www.yumacountyaz.hrintouch.com

Default username:

- YC000+3 digit Employee ID#
- YC00+4 digit Employee ID #
- YC0+ 5 digit Employee ID #

OR

- YC + 6 digit Employee Id #

Default password:

- Social security #



Welcome to HR InTouch!

Once you log in, you will find a powerful website with interactive tools and videos to help you learn more about the company, your benefits and other topics of interest. Using HR InTouch, we hope that you will find everything you need to make better healthcare and benefit decisions.

Log in to your account

Username*

Password*

Log in

Log in to your account

Username*

Password*

Log in

[Can't access your account?](#)

Note: For assistance, please call Technical Support at 1.866.822.8688.

Supported Browsers
[Learn about Officially Supported Browsers](#)

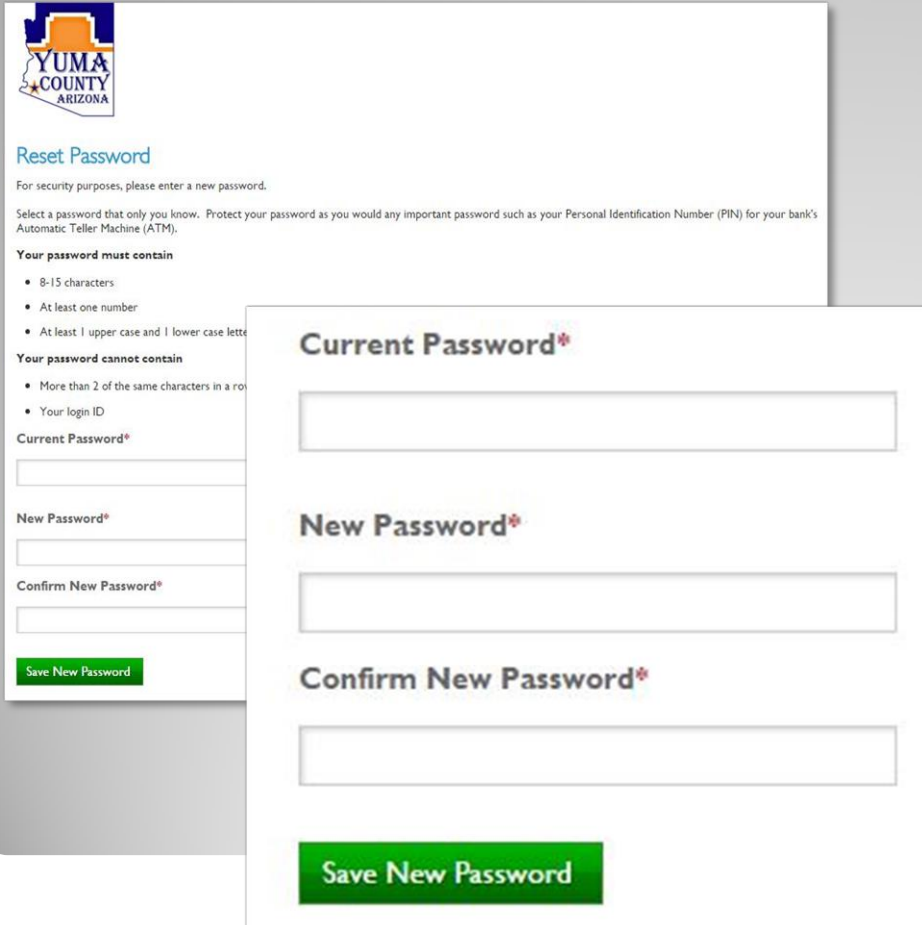
[Terms of Use](#) | [Privacy Statement](#)

Accessing Your Account cont....

Resetting Your Password

Your password must contain

- 8 – 15 characters
- At least one number
- At least 1 uppercase letter
- At least 1 lowercase letter



The image shows a screenshot of the Yuma County Arizona website's password reset page. The page has a header with the Yuma County logo. Below the logo, the title "Reset Password" is displayed. A sub-header states: "For security purposes, please enter a new password." A paragraph of instructions follows: "Select a password that only you know. Protect your password as you would any important password such as your Personal Identification Number (PIN) for your bank's Automatic Teller Machine (ATM)." Below this, a section titled "Your password must contain" lists requirements: 8-15 characters, at least one number, and at least one uppercase and one lowercase letter. Another section titled "Your password cannot contain" lists restrictions: more than 2 of the same characters in a row and the user's login ID. The form includes three input fields: "Current Password*", "New Password*", and "Confirm New Password*", each with a red asterisk indicating it is required. A green "Save New Password" button is at the bottom of the form.

YUMA COUNTY ARIZONA

Reset Password

For security purposes, please enter a new password.

Select a password that only you know. Protect your password as you would any important password such as your Personal Identification Number (PIN) for your bank's Automatic Teller Machine (ATM).

Your password must contain

- 8-15 characters
- At least one number
- At least 1 upper case and 1 lower case letter

Your password cannot contain

- More than 2 of the same characters in a row
- Your login ID

Current Password*

New Password*

Confirm New Password*

Save New Password

Navigating the System

QuickLinks

2015-2016 Rates
Physician
Acknowledgment
Form
Yuma County Website
Preventive Guideline
Personal Health
Application(PHA)
AZ Blue

Welcome



Welcome to your new portal. This site gives you easy access to information about our company, your work life, and your employee benefits. We recommend that you bookmark this site and check here first when you have a human resources related question or need information about your benefits.

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Navigating the System

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2015-2016 YUMA COUNTY PLAN YEAR BENEFIT RATES

Employee Payroll Deduction per Pay Period - 24 pay periods

MEDICAL PLAN PREMIUMS

PPO Option

Coverage Category	PPO Option	PPO Option with Wellness
Employee Only	\$32.89	\$22.89
Employee & Spouse	\$158.90	\$148.90
Employee & Child(ren)	\$109.64	\$99.64
Employee & Family	\$235.64	\$225.64

HDHP-HSA

Coverage Category	HDHP Option	HDHP Option with Wellness	HSA Monthly County Contributions
Employee Only	\$0.00	*\$20.00 LP FSA CARD	\$47.15
Employee & Spouse	\$63.90	\$53.90	\$47.15
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Employee & Family	\$102.85	\$92.85	\$47.15

*HDHP Employee Only with WELLNESS option receives a \$20 monthly/240 yearly contribution to a Limited Purpose FSA Card (LP FSA).

Navigating the System

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QuickLinks

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Welcome




Enroll Now!

[Click Here to View Your Benefits](#)[HOME](#)[HEALTH BENEFITS ▾](#)[MAYO CLINIC WELLNESS RESOURCES](#)[BLUE 365](#)[VIDEOS ▾](#)[MORE ▾](#)[AZ Blue](#)

Welcome to your new portal. This site gives you easy access to information about our company, your work life, and your employee benefits. We recommend that you bookmark this site and check here first when you have a human resources related question or need information about your benefits.


Navigating the System

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QuickLinks

- [2015-2016 Rates](#)
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- [Yuma County Website](#)
- [Preventive Guideline](#)
- [Personal Health Application\(PHA\)](#)
- [AZ Blue](#)

Welcome



Benefitfocus HR InTouch

Play introduction video

Enroll Now!

[Click Here to View Your Benefits](#)

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[Home](#) | [Health Benefits](#) | [Mayo Clinic Wellness Resources](#) | [Blue 365](#) | [Videos](#) | [Benefits Department Contact](#)

Navigating the System

- Click to View your Benefits

The screenshot shows the Yuma County Arizona website. The header includes the Yuma County logo and a navigation menu with links: HOME, HEALTH BENEFITS, MAYO CLINIC WELLNESS RESOURCES, BLUE 365, VIDEOS, and MORE. A search icon is also present. The main content area features a 'Welcome' message with a video player showing a woman and the text 'Benefitfocus HR InTouch'. To the left of the video is a 'QuickLinks' section with links to '2015-2016 Rates', 'Physician Acknowledgment Form', 'Yuma County Website', 'Preventive Guideline', 'Personal Health Application(PHA)', and 'AZ Blue'. To the right of the video is an 'Enroll Now!' section with a button that says 'Click Here to View Your Benefits'. A red arrow points from this button to a larger, zoomed-in version of the same button in the foreground.

YUMA COUNTY ARIZONA

HOME HEALTH BENEFITS MAYO CLINIC WELLNESS RESOURCES BLUE 365 VIDEOS MORE

QuickLinks

- 2015-2016 Rates
- Physician Acknowledgment Form
- Yuma County Website
- Preventive Guideline
- Personal Health Application(PHA)
- AZ Blue

Welcome

Benefitfocus HR InTouch

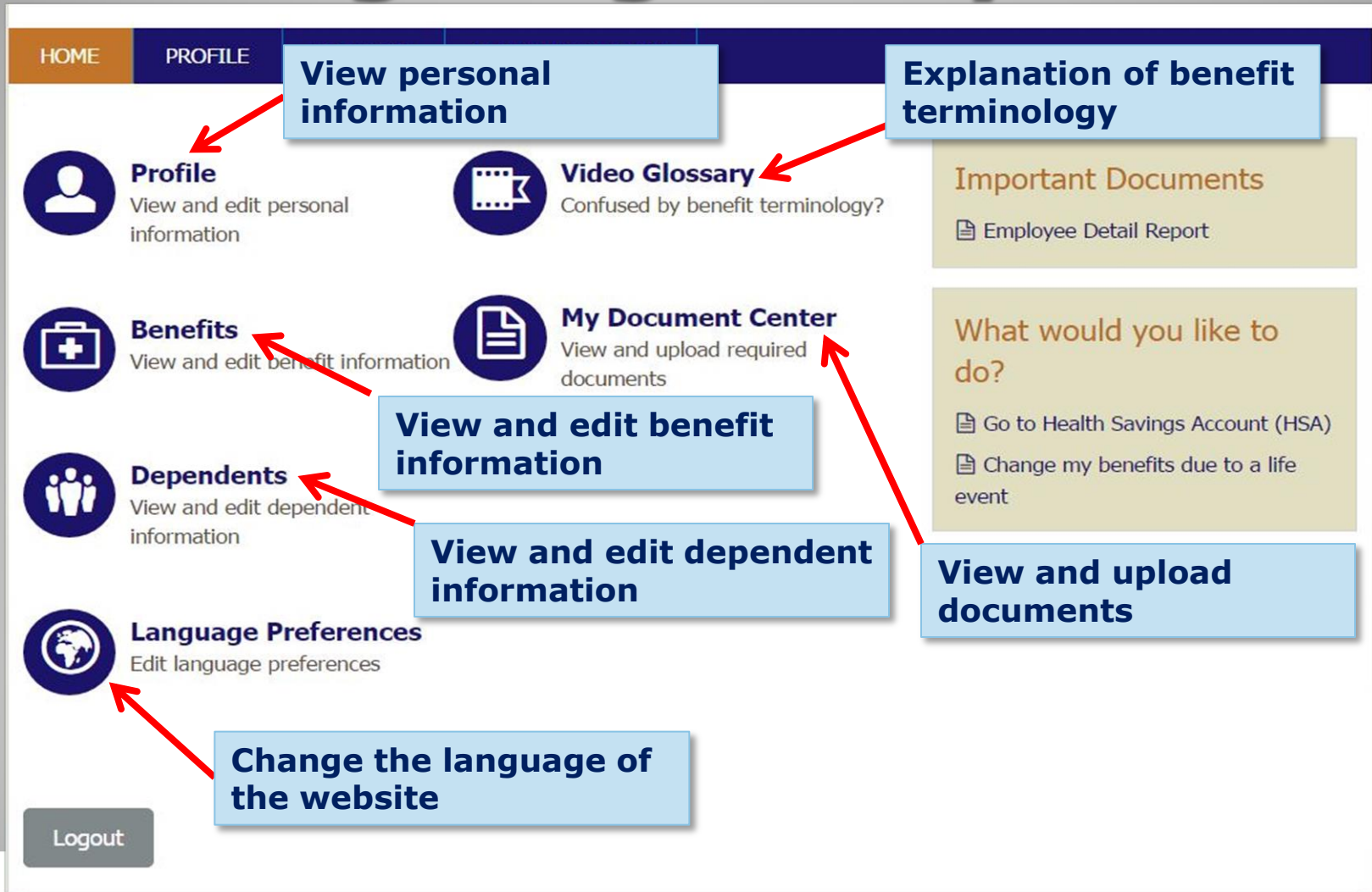
Enroll Now!

Click Here to View Your Benefits

Welcome to your new portal. about our company, your wor recommend that you bookma have a human resources relat benefits.

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Navigating the System



Setting up Your Profile

YUMA COUNTY ARIZONA

HOME PROFILE BENEFITS LEARNING CENTER

Profile
View and edit personal information

Video Glossary
Confused by benefit terminology?

Benefits
View and edit benefit information

My Document Center
View and upload required documents

Dependents
View and edit dependent information

Language Preferences
Edit language preferences

Logout

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Important Documents
Employee Detail Report

What would you like to do?

- Click on Profile
- Click on Personal Information

YUMA COUNTY ARIZONA

HOME PROFILE BENEFITS LEARNING CENTER

Profile

Review and complete the required (*) information for your profile below.

► **Personal information**

► **Emergency contact(s)**

Save Cancel

Setting up Your Profile

Profile

Review and complete the required (*) information for your profile below.

▼ Personal information

✓ Section complete

Personal and demographic information

Effective Date of changes
to Name and/or Standard
Address

First Name *

Middle Name

Last Name *

Suffix

Preferred Name

Date of Birth *

Social Security Number

Gender *

☐ Male ☒ Female

Marital Status

Contact Information

Address 1 *

Address 2

City *

State / Province *

Country *

Zip *

Home Phone

Cell Phone

Alternate Phone

Home Phone

Cell Phone

Alternate Phone

Work Phone

Work Cell Phone

Personal Email

Work Email

Communications Preference

Not Selected

How would you like to receive Form 1095-C Employer-Provided Health Insurance Offer and Coverage?

- ☐ Mail
☒ Electronic

Save

▼ Emergency contact(s)

✓ Section complete

Save

Cancel

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Verify that your personal information is correct.

Setting up Your Profile

▼ Emergency contact(s)

✓ Section complete

☐ Use my address for this emergency contact.

Relationship *

Full Name *

Email

Phone *

Alternate Phone

Contact Information

Address 1

Address 2

City

State / Province
---Please Select---

Country
---Please Select---

Zip

Save

Input your emergency contact information then save.

Save

Cancel

Navigating the System

The screenshot shows a web application interface with a dark blue navigation bar at the top containing the following links: HOME, PROFILE, BENEFITS, and LEARNING CENTER. The main content area is white and features several sections:

- Profile**: View and edit personal information. (Icon: person)
- Benefits**: View and edit benefit information. (Icon: medical cross)
- Dependents**: View and edit dependent information. (Icon: family group)
- Language Preferences**: Edit language preferences. (Icon: globe)
- Video Glossary**: Confused by benefit terminology? (Icon: video camera)
- My Document Center**: View and upload required documents. (Icon: document)

On the right side, there is a yellow box titled **Important Documents** which contains a link: [Employee Detail Report](#). A red arrow points from the 'Video Glossary' section to this yellow box. At the bottom left, there is a grey 'Logout' button.

Important Documents

[Employee Detail Report](#)

Employee Detail Report

Employee Detail Report

Printed on 01/31/2016

Yuma County Arizona

Personal Information

Jane Doe

123 Main Street, Yuma, AZ 85364

Date of Birth	Effective date	Gender	Phone
01/02/1972	12/01/2015	Female	92812634578
Email	Earnings amount effective date	Date of hire	
janedoe@gmail.com	12/01/2015	10/07/2015	

Medical

Current

Blue Cross Blue Shield of Arizona

Plan name: HDHP

Coverage level: Employee Only

Frequency	You Pay	Employer Costs
Semi-Monthly	\$0.00	\$273.35
Per year	\$0.00	\$6,560.28

Person(s) covered	Relationship	Date of Birth	Covered Since Date	Effective date	End date
Jane Doe	Subscriber	01/02/1972	12/01/2015	12/01/2015	

A printable overview of all benefit information including dependents and level of coverage.

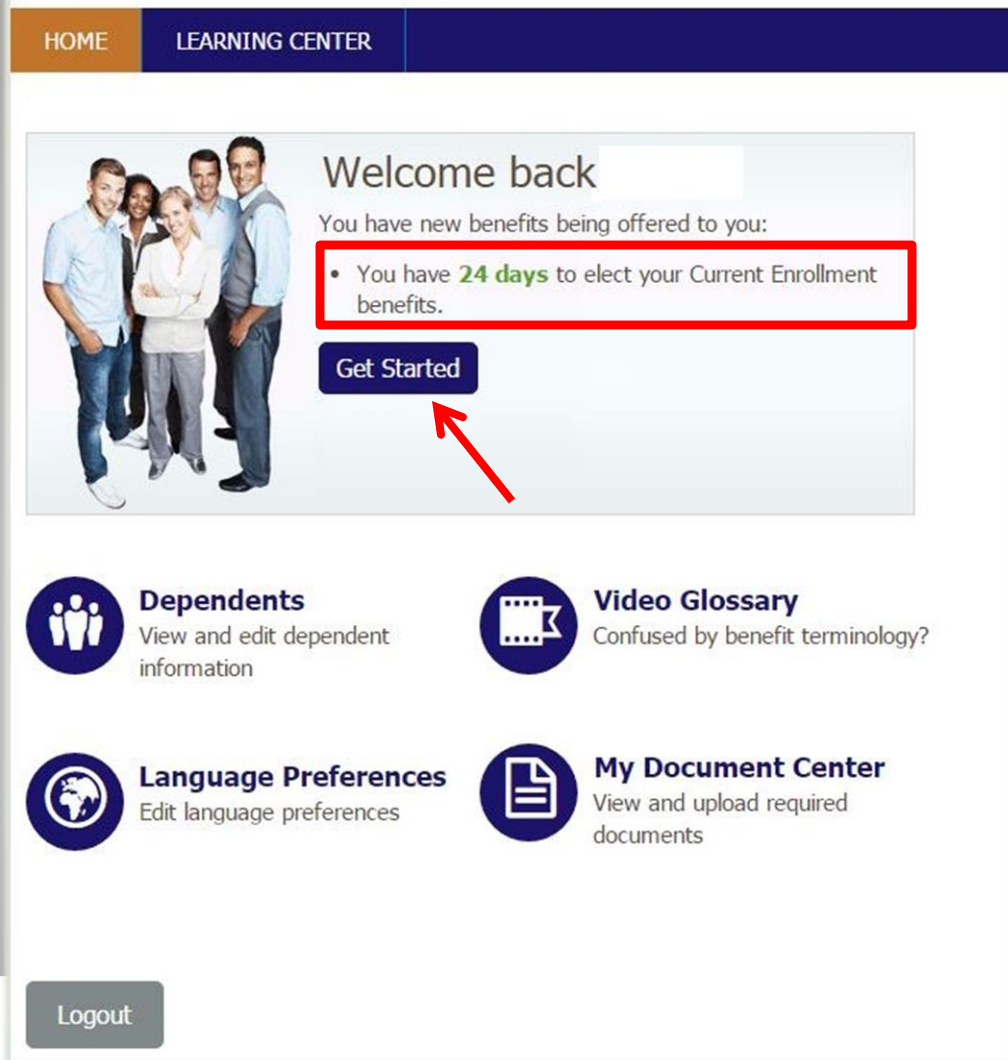
Open Enrollment



- **2016-2017 to view all current plans during this year**

**Open enrollment period is from 04/19/16 – 05/20/16
(31 days).**

Making Benefit Elections



The screenshot shows a web application interface with a dark blue header containing 'HOME' and 'LEARNING CENTER' tabs. Below the header, a light blue banner features a group photo of five people on the left. To the right of the photo, the text 'Welcome back' is followed by a blurred name. Below this, it says 'You have new benefits being offered to you:'. A red rectangular box highlights a bullet point: '• You have 24 days to elect your Current Enrollment benefits.' Below the box is a dark blue 'Get Started' button, with a red arrow pointing to it. At the bottom of the banner, there are four circular icons with text: 'Dependents' (people icon), 'Video Glossary' (film strip icon), 'Language Preferences' (globe icon), and 'My Document Center' (document icon). A 'Logout' button is located at the bottom left of the page.

HOME LEARNING CENTER

Welcome back [Name]

You have new benefits being offered to you:

- You have 24 days to elect your Current Enrollment benefits.

Get Started

Dependents
View and edit dependent information

Video Glossary
Confused by benefit terminology?

Language Preferences
Edit language preferences

My Document Center
View and upload required documents

Logout

- You will have a limited amount of time to elect or waive benefits.
- You may access the system from home or anywhere you can connect to the internet.
- If no election is made during open enrollment period you will be defaulted to PPO medical plan.



Yuma County Welcome to the HR InTouch

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QuickLinks

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Form](#)[Preventive Guideline](#)[BenefitFocus User
Guide](#)[Personal Health
Application\(PHA\)](#)[Yuma County Website](#)[Health Equity Website](#)

To Do List

➔ [Your To Do List is currently complete](#)

Open Enrollment is Now Open-April 19th - May 20th

[Click Here to Enroll In Your Benefits](#)

New Hires Enroll Here

[Click Here to View Your Benefits](#)

Benefitfocus Mobile App

BENEFITFOCUS®
Mobile Application

Access your benefits anywhere
with the Benefitfocus app.

Use this code on your first login:

01dxdbn



Featured Training

Yearly Notice Acknowledgement

Employees must
acknowledge receipt of
this form before they can
proceed with Open

Welcome Christina!





Yuma County Welcome to the HR InTouch

[HOME](#)[HEALTH BENEFITS ▾](#)[MAYO CLINIC WELLNESS RESOURCES](#)[BLUE 365](#)[MORE ▾](#)

Yearly Notice Acknowledgement 2016

100% Complete

Yearly Notice Acknowledgement 2016

Employees must acknowledge receipt of this form before being able to proceed with Open Enrollment.

▾ 2016 Acknowledgement



Employee Acknowledgement

2016 Yearly Notice

04/18/2016



Employee Acknowledgement

Add Page Subtitle

2016 Acknowledgement Form

☒ Please acknowledge that you have reviewed this item.

Submit



Yuma County Welcome to the HR InTouch

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➔ Your To Do List is currently complete

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New Hires Enroll Here

[Click Here to View Your Benefits](#)

Benefitfocus Mobile App

BENEFITFOCUS®
Mobile Application

Access your benefits anywhere with the Benefitfocus app.

Welcome Christina!





Christina L



Home



Dependents



Language Preferences

MANAGE ACCOUNT

Login Information

My Documents

Profile Change

USEFUL LINKS

Learning Center

You have new benefits being offered to you:

You have 22 days to elect your Open Enrollment benefits.

[Get started >](#)

Your Form 1095-C is now available to download!

[Download Form 1095-C](#)

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Making Benefit Elections

To simplify the process make sure to add any dependents and/or beneficiaries before electing coverage. Children up to age 26 are eligible to be covered. Coverage will end last day of birth month on the 26th year.



1 Profile — 2 Shop for benefits — 3 Confirm & finish

Before you enroll in benefits

Do you need to add any dependents to your profile?

Note: You'll also be able to add dependents and select who you want to cover when you enroll in or edit your benefits.

Add Dependent

Next

Previous

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Making Benefit Elections

Add Dependent

First Name *	Middle Name	Last Name *
<input type="text"/>	<input type="text"/>	<input type="text"/>
Suffix ---Please Select-- ▾	Preferred Name <input type="text"/>	
Date of Birth * <input type="text"/>		
Gender * <input type="radio"/> Male <input type="radio"/> Female		
SSN <input type="text"/>		
Relationship * ---Please Select--- ▾		
Address <input checked="" type="checkbox"/> Use Employee Address		
<div>Save Save & Add Another Cancel</div>		

Information required for all dependents:

- First & Last Name
- Date of Birth
- Social Security Number

Making Benefit Elections

✓ Profile — 2 Shop for benefits — 3 Confirm & finish

Current Benefits

You have incomplete benefits. Please check the steps below to make sure you have completed all the steps in the enrollment process.

1 Health Benefits Hide details ▾

Section Incomplete - Please complete by 02/27/2016

In this section you will be shopping for:



Medical



Health FSA



Health Savings Account (HSA)

Get Started

Cart Summary

This is a summary of your current benefit elections.

You have not enrolled in any benefits.

Making Benefit Elections

✓ Profile — 2 Shop for benefits — 3 Confirm & finish

Medical: Who do you want to cover?

Note: You'll also be able to add dependents and select who you want to cover when you enroll in or edit your benefits.

Eligible For Coverage

Select	Name	Relationship	Date of Birth	Gender	Actions
<input checked="" type="checkbox"/>	Jane Doe	Subscriber	01/02/1972	Male	

Add Dependent

Decline Coverage

I would like to decline Medical coverage.

Next

Previous

Making Benefit Elections

1 Profile — 2 Shop for benefits — 3 Confirm & finish

Medical

Please review your options and choose the plan that best meets your needs.

Costs based on Persons Covered Jane Doe ▾

Plan Cost	\$329.81	PPO	
Employer Cost	(\$296.92)	Individual Deductible	\$500
YOU PAY \$32.89 Semi-Monthly Cost		Family Deductible	\$1,500
		Individual Out of Pocket Max (OOP Max)	\$4,500
Select Plan		Family Out of Pocket Max (OOP Max)	\$9,000
Plan details			

Plan Cost	\$319.81	PPO with Wellness	
Employer Cost	(\$296.92)	Individual Deductible	\$500
YOU PAY \$22.89 Semi-Monthly Cost		Family Deductible	\$1,500
		Individual Out of Pocket Max (OOP Max)	\$4,500
Select Plan		Family Out of Pocket Max (OOP Max)	\$9,000
Plan details			

Making Benefit Elections

Plan Cost	\$273.35	HDHP	
Employer Cost	(\$273.35)	Individual Deductible	\$1,500
<div>YOU PAY \$0.00 Semi-Monthly Cost</div> <div>Select Plan</div>		Family Deductible	\$3,000
		Individual Out of Pocket Max (OOP Max)	\$4,500
		Family Out of Pocket Max (OOP Max)	\$9,000
		<div>Q Plan details</div> <div>HSA</div>	

Plan Cost	\$263.35	HDHP with Wellness	
Employer Cost	(\$263.35)	Individual Deductible	\$1,500
<div>YOU PAY \$0.00 Semi-Monthly Cost</div> <div>Select Plan</div>		Family Deductible	\$3,000
		Individual Out of Pocket Max (OOP Max)	\$4,500
		Family Out of Pocket Max (OOP Max)	\$9,000
		<div>Q Plan details</div> <div>HSA</div>	

Decline Coverage

I would like to decline Medical coverage.

Previous

Cancel

Making Benefit Elections


- | | | |
|---|---|-----------------------------------|
| 2 | Dental
Section Incomplete - Please complete by 02/27/2016 | View details > |
| 3 | Vision
Section Incomplete - Please complete by 02/27/2016 | View details > |
| 4 | Dependent Care FSA
Section Incomplete - Please complete by 02/27/2016 | View details > |
| 5 | Basic Life and AD&D
Section Incomplete - Please complete by 02/27/2016 | View details > |
| 6 | Supplemental Life
Section Incomplete - Please complete by 02/27/2016 | View details > |


Note: All changes to your benefits must be approved by your HR Administrator before they become effective.


[Return home](#)


Uploading Documentation


[HOME](#) [PROFILE](#) [BENEFITS](#) [LEARNING CENTER](#)


**Profile**
View and edit personal information


**Video Glossary**
Confused by benefit terminology?


**Important Documents**
[Employee Detail Report](#)

**Benefits**
View and edit benefit information

**My Document Center**
View and upload required documents

**What would you like to do?**
[Go to Health Savings Account \(HSA\)](#)
[Change my benefits due to a life event](#)

**Dependents**
View and edit dependent information

**Language Preferences**
Edit language preferences

[Logout](#)

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Uploading Documentation

[HOME](#)[PROFILE](#)[BENEFITS](#)[LEARNING CENTER](#)

Document Center

View and Upload Documents

For requests with a status of "**Document Required**", upload a document to associate it. The Document will then show as "**Pending Approval**" until it is approved or denied by an administrator. When adding a document through the "**Add Document**" option, it can then be associated with a "**Document Required**" request and can be viewed by selecting the filter for "**All Documents**".

Documents

There are 0 documents.

[+ Add Document](#)

per page

Filter by type

Filter by status

Sort By:

Document Name ▾

File Type

Date Created

Date Uploaded

per page

[Next](#)

Uploading Documentation

Adding New Document

Please complete the information below.

Browse for File* (?)

File Chosen

Copy of Arizona Birth Certificate Sample.jpg

Hover over the (?) above to view accepted file types.

Document name*

Birth Certificat

Category*

Adoption Papers
Adoption/Legal Guardianship
Papers
Birth Certificate
Court Order Acknowledgement
Court Ordered Document

Cancel

Save

- **Select file**
- **Add document name**
- **Select Category**
- **Save**

Uploading Documentation

Documents

Document Required, 1 Pending Approval, 0 Approved, 0 Denied, 0 Disabled, 0 Expired, 1 All Documents

[+ Add Document](#)

per page

Filter by type

Filter by status


Sort By:

Document Name ▲





Date Created


Date Uploaded

Employee


PDF

Baby Girl Doe Birth Certificate
Subscriber Name:
Benefits will not be effective until a verification document has been received and approved by your administrator.

 02/15/2016
 02/15/2016
 Jane Doe
 Birth Certificate

 Document Required

[Upload a Document](#)

[Associate an Existing Document](#)

Once document is uploaded HR will be notified to approve

2016/2017 Wellness Incentive

\$240 Annual Incentive!

How to Qualify:

1. Complete Annual Physical by April 20, 2016

- Wellness exams between 03/01/15 and 04/20/2016 are eligible for the 2016/2017 Wellness Incentive.
- Turn in Physician Acknowledgement Form by April 20, 2016.

2. Complete an Annual Biometric Screening

- Benefits Fair: April 19th and 20th 2016 (also available with your doctor).

3. Complete an on-line Health Risk Assessment at www.azblue.com between 03/01/15 and 04/20/2016



2016/2017 Wellness Incentive

How Incentive is Applied:

- PPO Option: \$10 bi-weekly reduction in premium
- HSA Option: \$10 bi-weekly reduction in premium
- HSA Option employee only will receive \$20 deposit into a Limited Purpose FSA card.

2015-2016 YUMA COUNTY PLAN YEAR BENEFIT RATES

Employee Payroll Deduction per Pay Period - 24 pay periods

MEDICAL PLAN PREMIUMS

PPO Option

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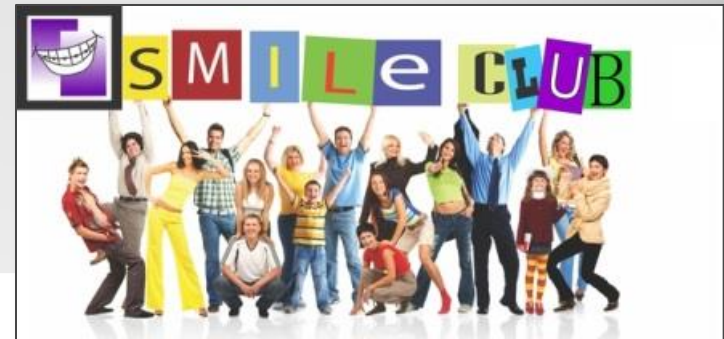
Smile Club

Any employees currently enrolled in Smile club will be cancelled as of 6/30/2016

- **Will have the option to switch to Delta Dental or TDA**

OR

- **May contact Smile Club to find out how to continue coverage.**
- **Yuma County will not deducted Smile Club premiums from employees payroll.**



Qualifying Live Events

**You will have
31 days to
make certain
changes to your
elections.**

[HOME](#)[HEALTH BENEFITS ▾](#)[MAYO CLINIC WELLNESS RESOURCES](#)[BLUE 365](#)[VIDEOS ▾](#)[MORE ▾](#)

Choose a Topic:

- Medical ▸
- Dental ▸
- Pharmacy ▸
- Vision ▸
- Life ▸
- Flexible Spending Account - FSA ▸
- Life Events ▸

QuickLinks

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Qualifying Life Events (Special Enrollment Periods)




A special enrollment period is available for the following qualifying events, as applicable to the individual seeking coverage when such individual requests coverage under this benefit plan by completing an application within **thirty-one (31)** days of the loss of other coverage: Check your plan's policy information, or contact your Human Resources Benefits Department at 928-373-1151 for details.


Some Common Life Events:


- Birth
- Adoption
- Loss of dependent's eligibility
- Marriage
- Divorce
- Reduction of work hours
- Death of a dependent
- Loss of coverage
- A dependent gains coverage


Qualifying Life Events


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**Profile**
View and edit personal information

**Video Glossary**
Confused by benefit terminology?

**Benefits**
View and edit benefit information


**My Document Center**
View and upload required documents

**Dependents**
View and edit dependent information



**Language Preferences**
Edit language preferences

[Logout](#)



Important Documents

-  [Employee Detail Report](#)

What would you like to do?

-  [Go to Health Savings Account \(HSA\)](#)
-  [Change my benefits due to a life event](#)

What would you like to do?

-  [Go to Health Savings Account \(HSA\)](#)
-  [Change my benefits due to a life event](#)

Life Events

[HOME](#)[PROFILE](#)[BENEFITS](#)[LEARNING CENTER](#)

Select reason for changing your benefits

You are making a change to benefit elections. Why are you making this change?

Select reason for change *

--- please select ---

Life event not listed?

Enter the date of this life event *

Next

Cancel

[HOME](#)[PROFILE](#)[BENEFITS](#)

--- please select ---

Adoption

Birth

Death of dependent

Divorce (Employee)

Guardianship or legal custody of a child

Legal separation

Loss of other coverage

Marriage (Employee)

--- please select ---

Life Events

--- please select ---

- Adoption
- Birth**
- Death of dependent
- Divorce (Employee)
- Guardianship or legal custody of a child
- Legal separation
- Loss of other coverage
- Marriage (Employee)

--- please select --- ▼

Select the corresponding life event enter the date and choose next. Make sure to have all corresponding documents with you to reference and then upload.

Life event |

HOME

LEARNING CENTER

Take a moment to review your family

Below is a summary of everyone that you have entered as a member of your family. Take a moment to review. If anyone is missing, you may create them in the system. Keeping an accurate record of your family is important, because it allows us to better suggest benefits and plans that may be right for you

Add Dependent

Next

Previous

Life Events

Add Dependent

First Name *

Baby Girl

Middle Name

Last Name *

Doe

Suffix

---Please Select---

Preferred Name

Date of Birth *

02/01/2016

Gender *

☐ Male ☒ Female

SSN

123-45-6789

Relationship *

Child

Address

☒ Use Employee Address

Save

Save & Add Another

Cancel

Take a moment to review your family

Below is a summary of everyone that you have entered as a member of your family. Take a moment to review. If anyone is missing, you may create them in the system. Keeping an accurate record of your family is important, because it allows us to better suggest benefits and plans that may be right for you

Name	Relationship	Date of Birth	Gender	Actions
Baby Girl Doe	Child	02/01/2016	Female	Actions ▾

Add Dependent

Next

Previous

Life Events

Once updated dependent information is entered you will be given the opportunity to change your benefits on all eligible plans.

Update your benefits due to Birth.

Based on the change reason you selected, you can update the benefits below.

1

Health Benefits

You will have the ability to update:



Medical



Health Savings Account (HSA)



Health FSA

Update Section

2

Dental

You will have the ability to update:



Dental

Update Section

3

Vision

You will have the ability to update:



Vision

Update Section

4

Dependent Care FSA

Life Events

Welcome to your Medical benefits!

Let's get started editing your benefits!

First, take a look at your current coverage and tell us if you would like to make any updates.



Medical
HDHP

\$0.00 twice per month

Coverage Level:

Employee Only

Effective Date:

12/01/2015



Additional Information Needed!

A birth certificate is required. Documentation must be submitted to the Benefits Office for this coverage change to take effect. Call (928) 373-1013 with any questions.



Additional Information Needed!

A birth certificate is required. Documentation must be submitted to the Benefits Office for this coverage change to take effect. Call (928) 373-1013 with any questions.

Yes, update my benefits

No updates needed

Important Reminder!

You must complete your online enrollment by May 20th!



If you do not want a benefit, you must waive coverage.

If we do not receive an updated enrollment elections, you will be automatically enrolled in the medical PPO plan with employee only coverage. If previously enrolled in family coverage your spouse will be dropped and coverage for you and your children will continue with the PPO medical plan.

Dental, Vision, and Supplemental Life will be cancelled.

Please make sure to check your paystub in June & July to ensure your deductions are correctly being deducted.

Overview

- www.yumacountyaz.hrntouch.com Log in and view your account.
- Open Enrollment dates: April 19th – May 20th.
- 2016/2017 Wellness Incentive - \$240 savings,
- Qualifying Events: Log in and create event.

Support

HOME

HEALTH BENEFITS

MORE ▾



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HEALTH BENEFITS

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DEPARTMENT

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QUESTIONS?

